PTC/SB/06 (08-03)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number | | |
|--|---|---|---------|---|-------------------|--|------------------------|------------------------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2) | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| FOR NUMBER FILED | | | NUMBER | NUMBER EXTRA | | FEE | | RATE | FEE | |
| BASIC FEE (37 CFR 1.18(a)) | | | | | | | :375 | QR | | <u></u> |
| TOTAL CLAIMS (57 CFR 1.18(c)) 77 minus 20 = | | | 2 | x s= | | OR | x \$= | | | |
| INDEPENDENT CLAIMS | | 5 7 | minus 3 | . (|) | x s= | | OR | x \$= | |
| (37 CFR 1.18(b)) minus 3 e MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) | | | | | +5 = | | OR | +5= | | |
| * If the difference in column 1 is less than zero, enter "O" in column 2. | | | | | | TOTAL | 375 | OR | TOTAL | |
| | | | | | | | | | | |
| CLAIMS AS AMENDED PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL | ENTITY | OR | OTHER SMALL | |
| A T | 1/4/06 | (Column 1) CLAIMS REMAINING AFTER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | AUDI- TIONAL FEE | | RATE | ADOI- TIONAL FEE |
| 皇 | Total | AMENDMENT . | Minus | 20 | * m | x s= | 7 | OR | x s= | |
| ENDMENT | (27 CFR 1.18(d)) Independent (27 CFR 1.14(h)) | . 2 | Minus | - 3 | -6 | x: Z | | OR | x 8= | |
| AM. | | | | | R (16(4)) | 1.7. | | OR | +5 = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | TOTAL ADDL FEE | | OR | TOTAL ADD'L FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | potra | | | | |
| AMENDMENT B | 6/3/06 | (Column 1) CLAIMS REMAINING AFTER | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | AMENDMENT | Minus | - 20 | - 0 | X \$= | / | OR | x \$= | |
| | (37 CFR 1.14(e)) Independent (37 CFR 1.14(e))) | • 2 | Minus | - 3 | - () | X \$ | 1 | OR | x \$= | • |
| ₩ W | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) | | | | | +, /- | | OR | +=_= | · |
| PROT RECEIVED OF BELLE ED STATE OF THE PROTECTION OF THE PROTECTIO | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADO'L FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | |
| ENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADOI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| 1 5 | Total GF CFR 1.19(c) | • | Minus | * | 5 | x s= | | OR | x s= | |
| END | Independent (37 CPR 1.14(0)) | • | Minus | ••• | 2 | x s= | | OR | x *= | |
| ¥ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) | | | | |] <u>. </u> | | OR | + 8 = | |
| | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADO'L FEE | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For" (Interior Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This objection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.